

# City of Mercer Island Parks and Recreation

## Authorization to Consent to Treatment of a Minor Volunteer

I, the undersigned parent (legal guardian) of a minor, understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize Mercer Island Parks and Recreation as an agent for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general supervision of any licensed physician and surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent, to give specific consent to any and all such diagnosis, treatment or hospital care which a physician in the exercise of his best judgment may deem advisable.

Minor's Name (please PRINT) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of parent or guardian (please PRINT) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance I.D. Number \_\_\_\_\_

Doctor's Name & Phone Number \_\_\_\_\_

List all allergies, special medications, conditions/treatments of which we need to be aware:

\_\_\_\_\_

Dates of most recent immunizations (tetanus, etc.) \_\_\_\_\_

Another emergency contact person in the event that I cannot be reached (name and phone): \_\_\_\_\_

**If the minor lives with both parents, we must obtain signatures from both parents.  
If parents are divorced, this authorization must be signed by the LEGAL CUSTODIAL  
PARENT (both if Joint Custody) or Guardian (s).**

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date